

**Sajo Farm Veterinary Hospital**  
**www.sajofarmvet.com**  
**1094 Diamond Springs Road**  
**Virginia Beach, VA 23455**  
**Phone: (757) 464-6009**  
**Fax: (757) 460-1793**

**APPLICATION FOR EMPLOYMENT**

**An Equal Opportunity Employer**

*We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Present Address: \_\_\_\_\_  
*Street City State Zip Code*

Please list your previous address, if you have not lived at your current address for at least 3 years.

Previous Address: \_\_\_\_\_  
*Street City State Zip Code*

Telephone: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Would you work:  Full-time  Part-time Specify days and hours if part-time: \_\_\_\_\_

Were you previously employed by this organization?  If yes, when? \_\_\_\_\_

List any friends or relatives working here. \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

**List Membership, Hobbies, and Other Activities you would like us to know about** (List memberships in professional organizations, hobbies, clubs, sports, or other activities with which you have been involved. Also please list any awards, leadership positions, special training, or skills that would be beneficial to your work in the veterinary field.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If hired, can you furnish proof you are eligible to work in the United States?**  Yes  No

**Are you 18 years of age or older?**  Yes  No

**Have you previously applied here or at our affiliated hospitals, Great Bridge Veterinary Hospital and Pembroke Veterinary Clinic?**  Yes  No If yes, when? \_\_\_\_\_

**List other names you have used when previously employed (such as, maiden name or married name).**

\_\_\_\_\_

**Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been expunged or sealed?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. \_\_\_\_\_

*A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.*

**Education Record**

Name of School	Degree Awarded/Number of Years Completed	Grade Average
High School:		
College or University:		
Business, Trade, Correspondence, or Night School:		
Other:		
<p>Do you type? _____ What is your proficiency in typing? _____</p> <p>Office machines and computers you know how to operate? _____</p> <p>_____</p> <p>_____</p>		

List work experiences, skills, or qualifications that you feel would especially fit you for work here. Please add any additional comments you think are important for us to consider.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional References**

Name and Occupation	Address	Phone Number

**Work History** (begin with the most recent, list all past employers, including any pertinent military experience)

<b>Name of Company:</b>	<b>Type of Business:</b>	
<b>Business Address:</b>	<b>Immediate Supervisor/Title:</b>	
<b>Phone Number:</b>	<b>Dates of Employment:</b>	
<b>Exact Job Title/Position Held:</b>	<b>Earnings at Hire:</b>	<b>At end of employment:</b>
<b>Why did you leave this company?</b>		
<b>Description of Duties:</b>		
_____		
_____		
_____		
_____		

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<b>Description of Duties:</b>		
_____		
_____		
_____		
_____		

**AFFIDAVIT**  
**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer-reporting agency and my signature below hereby authorizes the employer to obtain such a consumer report in conjunction with my application for employment.

I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug and alcohol screening examination. I hereby consent to a pre- and/or post-employment drug and alcohol screen as a condition of employment, if required.

I have read, understand, and by my signature consent to these statements.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_